

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO. 10/581851
FILING DATE

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			9			
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1				60						
11			1				61						
12							62						
13							63						
14							64						
15							65						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.			2										
TOTAL CLAIMS			14										